

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565202

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		①				
7		①				
8		①				
9		①				
10		①				
11	1					
12		1				
13		2				
14		2				
15		①				
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						